DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: STEP BY STEP ADULT FAMILY HOME (590084) Address: 637 WEST HUDSON STREET, MONDOVI, WI 54755

License Status: REGULAR

Licensed/Certified/Registered 05/28/1996

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey 1	History
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Survey ID: 0097145 End Date: 06/02/2006 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092779 End Date: 06/10/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009785 Served 06/17/2004

		Compilation	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	06/30/2004	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	06/30/2004	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	06/30/2004	Yes
88.09(2)(a)8	TRAINING DOCUMENTATION	06/30/2004	Yes

Compliance

Survey ID: 0091073 End Date: 09/19/2003 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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